

PERSONAL HISTORY STATEMENT



OFFICE OF PEACE OFFICER SELECTION

BACKGROUND INVESTIGATION UNIT OFFICES		
SACRAMENTO FIELD OFFICE 9300 Tech Center Drive, Ste. 150 Sacramento, CA 95826 (916) 255-2242	CENTRAL SELECTION CENTER 2510 S. East Avenue, Suite 350 Fresno, CA 93706 (559) 445-5770	SOUTHERN SELECTION CENTER 9055 Haven Avenue, Suite 100 Rancho Cucamonga, CA 91730 (909) 944-6676
	COVINA FIELD OFFICE 233 North Second Avenue Covina, CA 91723 (626) 858-8280	

CONFIDENTIAL



A MESSAGE FROM THE CHIEF

You are being considered for appointment as a sworn peace officer with the California Department of Corrections and Rehabilitation. Government Code Section 1031 requires us to determine that you are of good moral character by conducting a thorough background investigation. Civil Code Section 1798.15 requires that personal and confidential information be collected, to the greatest extent practicable, from you. In addition, Labor Code Section 432.7 requires you to disclose arrests or detentions which did or did not result in conviction, as well as referral to and participation in any pretrial or post trial diversion programs.

As a result, this Personal History Statement (PHS) is extensive. Please take the time to accurately complete it. It is important you are open and honest while preparing your PHS. Keep in mind that all the information you provide will be verified. All time periods in your background must be accounted for. Deliberate inaccuracies or omissions, or incomplete statements regarding any information requested may result in you not receiving full consideration for employment, the removal of your name from an eligibility list, or the placement of your name on inactive status. In addition, should information be developed after your appointment that would have supported any of these actions, you may be rejected on probation under the authority of Government Code Section 19173. Also, if you fail to supply information requested within prescribed time frames your appointment will be delayed or your name may be removed from the eligible list.

In addition, you must contact your background investigator to provide any new information (changes in employment, arrest, etc.) that arises after you submit the PHS.

Your privacy will be strongly protected. All the information supplied by you in this PHS or obtained by the background investigator is personal information under Civil Code Section 1798.3(a). At no time during the investigation, or thereafter, will any portion of the investigation be revealed to persons other than those authorized by law (Civil Code Section 1798.24).

The next page includes some instructions to assist you. Completing the PHS accurately will facilitate the timely completion of your background investigation. If you have any questions regarding the completion of the PHS, please call the background investigation unit of the selection center nearest your home. The addresses and telephone numbers are on the cover sheet. Thank you for your interest in employment with the California Department of Corrections and Rehabilitation.

Sincerely,
TARA NAISBITT, Chief
Office of Peace Officer Selection
California Department of Corrections and Rehabilitation

INSTRUCTIONS FOR COMPLETING THE PERSONAL HISTORY STATEMENT (PHS)

Please print legibly in black ink or type this document. Answer each question, leaving no blanks. If a question does not apply, enter "*DNA*" (does not apply) in the space provided for the answer. Incomplete documents may not be accepted and will delay your investigation.

- ✓ Please read the directions and each question carefully before making entries.
- ✓ You are responsible for the completeness and accuracy of all information you provide, including addresses, telephone numbers and zip codes. Zip codes can be obtained from the U.S. Post Office, or on-line at www.usps.com . If you are uncertain, verify the information before putting it on the form.
- ✓ If the space provided after each question is not sufficient, use the "Supplemental" page, or if necessary, attach additional sheets of 8 ½" x 11" lined paper. Please indicate the page and question number on the Supplemental sheet or attached lined papers.
- ✓ You are required to report any change of information listed on the PHS to your investigator in writing. Failure to report changes within five working days may cause your name to be removed from the eligibility list.
- ✓ In addition to the completed PHS, the following documents are also required. If possible, please submit them when you return your completed PHS. The documents may be turned in during the investigation, but that may result in a delay of its completion.
- ✓
 - A. CERTIFIED BIRTH CERTIFICATE OR ORIGINAL NATURALIZATION CERTIFICATE. (Originals will be returned to you after a copy is made for your file)**
 - B. DOCUMENTS REFLECTING ANY NAME CHANGES FROM BIRTH CERTIFICATE. (Include marriage certificates, divorce decrees, etc.)**
 - C. CERTIFIED HIGH SCHOOL TRANSCRIPTS OR GED and CERTIFIED COLLEGE TRANSCRIPTS. (Please do not open the envelopes you receive from the various schools, the investigator must receive the certified transcripts in the envelope sealed by the educational institution.)**
 - D. DD 214 MILITARY DISCHARGE FORM (Member 4, long form—if applicable).**
 - E. LICENSE OR CREDENTIAL (if required for position).**
 - F. PROOF OF AUTO INSURANCE (if applicable).**
 - G. CREDIT RATING REPORT (from a major credit reporting company i.e Equifax, Experian, TransUnion, etc.)**
- ✓ When responding to questions, you must list an arrest or conviction if you received a release per Penal Code Sections 1203.4 or 1203.4(a) or Welfare and Institution Code Sections 1179 or 3200, or have received a pardon per Penal Code Section 4852.16. You need not list an arrest or conviction when the record of such has been sealed in accordance with Penal Code Sections 851.7, 851.8 or 1203.45, or has been expunged or is expungeable pursuant to Health and Safety Code Section 11361.5, or if the conviction was under Health and Safety Code Section 11557 or its successor 11366 when that conviction was stipulated or designated to be a lesser included offense of the offense of possession of marijuana.

I have read and understood the above information:

Candidate's Signature

Date

POSITION APPLIED FOR: Correctional Officer

(PRINT LEGIBLY IN INK OR TYPE)

LAST NAME		FIRST NAME	MIDDLE NAME
SOCIAL SECURITY NUMBER*		*Providing the Social Security Number (SSN) is voluntary in accordance with the Federal Privacy Act of 1974 (PL 93-579). The SSN will be used for identification purposes to ensure proper records are obtained.	EXAM ID NUMBER
- -			

Other names (including maiden names or nicknames) you have used or been known by

Driver License:

State

Number

Date of Birth (mm/dd/yy)

Age

City, State, Country

Birthplace

Gender	Height	Weight	Hair Color	Color of Eyes
-Gender-			-Hair Color-	-Eye Color-

Distinguishing marks (list and describe all scars, tattoos, etc., including location)Do you have any tattoos that may be associated with a street gang? ☐ YES ☐ NO

If yes, name of gang: _____

RESIDENCE ADDRESS (Where you actually reside)				MAILING ADDRESS (Where you receive mail if you are unable to receive mail at your residential address)			
Street Address				Street Address or Post Office Box Number			
City		County		City		County	
State		Zip Code		State		Zip Code	
Telephone Number(s)	Area Code ()	Work ext.	Hours of contact	Area Code ()	Home -	Hours of contact	
I currently: Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with relatives <input type="checkbox"/> Other <input type="checkbox"/>							
E-mail Address							

1. CITIZENSHIP

Are you a U.S. citizen or a permanent resident alien who is eligible for, and has applied for, U.S. citizenship?

Yes ☐No ☐For peace officer positions, you must have obtained or applied for U.S. Citizenship. Indicate type of proof you are supplying:

- ☐ Certified Birth Certificate
☐ Valid US Passport
☐ Letter of Citizenship Application and Alien Registration Number

☐ Naturalized Citizen -- If Naturalized, supply the following:

Date Naturalized _____

Location _____ City _____ State _____

Certification Number _____

2. EDUCATION

Please indicate your current education status by checking the appropriate box. California law requires a peace officer be a high school graduate from an accredited U.S. High School, or its equivalent. In order for an out-of-state GED test to be considered qualifying in California as meeting high school graduation level, the scores attained in each category cannot be less than 40 with an overall average score of not less than 45.

I graduated from a U.S. high school. ☐

I passed the California High School Proficiency Examination. ☐

I passed the GED (General Educational Development) test with scores meeting California high school graduation standards. ☐

I possess a two-year or 4-year degree from an accredited U.S. college or university. ☐

HIGH SCHOOLS – Name and address of all high schools attended (starting with the last school attended or from which you graduated).	Telephone	Attendance Dates		Graduated	
		FROM	TO	Yes	No
NAME: ADDRESS:	() -			<input type="checkbox"/>	<input type="checkbox"/>
NAME: ADDRESS:	() -				
NAME: ADDRESS:	() -				

GED TEST

Date Taken	Name of testing institution	Address (Including city, state and zip code)

COLLEGES AND UNIVERSITIES – Name and address of all attended (start with the last college/university attended).	Attendance Dates		Units Completed		Graduation	
	From	To	Sem	Qtr	Date	Degree
NAME: ADDRESS:						
NAME: ADDRESS:						
NAME: ADDRESS:						
NAME: ADDRESS:						

A. Have you ever been suspended or expelled from any high school or post-secondary school? ☐ YES ☐ NO
If "Yes", explain.

3. RELATIVES, REFERENCES, RESIDENCES

During the course of your background investigation, persons who know you may be asked to comment on your suitability for appointment as a peace officer. Inquiries will be confined to job-related matters.

A. SPOUSE – List all spouses

Present Spouse/Domestic Partner (include maiden name if applicable)	Birthdate	Address	H () -
			W () -
Former Spouse/ Domestic Partner (include maiden name if applicable)	Birthdate	Address	H () -
			W () -
Former Spouse/ Domestic Partner (include maiden name if applicable)	Birthdate	Address	H () -
			W () -
Former Spouse/ Domestic Partner (include maiden name if applicable)	Birthdate	Address	H () -
			W () -

B. CHILDREN – List all natural, adopted and step- children. Indicate whom they live with if they do not live with you.

Name of Child	Birthdate	Address Guardian:	H () -
			W () -
Name of Child	Birthdate	Address Guardian:	H () -
			W () -
Name of Child	Birthdate	Address Guardian:	H () -
			W () -
Name of Child	Birthdate	Address Guardian:	H () -
			W () -
Name of Child	Birthdate	Address Guardian:	H () -
			W () -
Name of Child	Birthdate	Address Guardian:	H () -
			W () -

C. PARENTS – List all natural, adopted, stepparents, and in-laws.

Name of Father	Birthdate	Address	H () -
			W () -
Name of Step-Father	Birthdate	Address	H () -
			W () -

RELATIVES, REFERENCES, RESIDENCES (continued)			
Name of Mother	Birthdate	Address	H () -
			W () -
Name of Step Mother	Birthdate	Address	H () -
			W () -
Name of Father-in-law	Birthdate	Address	H () -
			W () -
Name of Mother-in-law	Birthdate	Address	H () -
			W () -

D. SIBLINGS – List all natural, adopted and stepsiblings.			
Name of Sibling	Birthdate	Address	H () -
			W () -
Name of Sibling	Birthdate	Address	H () -
			W () -
Name of Sibling	Birthdate	Address	H () -
			W () -
Name of Sibling	Birthdate	Address	H () -
			W () -
Name of Sibling	Birthdate	Address	H () -
			W () -
Name of Sibling	Birthdate	Address	H () -
			W () -
Name of Sibling	Birthdate	Address	H () -
			W () -

E. REFERENCES – List five individuals who have knowledge of you and your personal qualifications. Do not list relatives, former or present employers, or persons under the age of 18.		
	Address where person can be contacted (include city, state and zip code)	Telephone Number
1. Name Occupation		H () -
		W () -
2. Name Occupation		H () -
		W () -

RELATIVES, REFERENCES, RESIDENCES (continued)

3. Name		H () -
Occupation		W () -
4. Name		H () -
Occupation		W () -
5. Name		H () -
Occupation		W () -

F. RESIDENCES – List all residences beginning with your current residence. Do not list any residences prior to your 16th birthday. Also list all individuals who resided with you in each location.

Address (Include city, state and zip code)	Name(s) of person(s) resided with (Include phone numbers)	Dates (Month/year) From To		If rented, give name, address and phone number of person responsible for property.
1.	Name: Phone Number: () -			<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> other (explain) Name: Address: Phone: () -
2.	Name: Phone Number: () -			<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> other (explain) Name: Address: Phone: () -
3.	Name: Phone Number: () -			<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> other (explain) Name: Address: Phone: () -
4.	Name: Phone Number: () -			<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> other (explain) Name: Address: Phone: () -
5.	Name: Phone Number: () -			<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> other (explain) Name: Address: Phone: () -
6.	Name: Phone Number: () -			<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> other (explain) Name: Address: Phone: () -
7.	Name: Phone Number: () -			<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> other (explain) Name: Address: Phone: () -
8.	Name: Phone Number: () -			<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> other (explain) Name: Address: Phone: () -
9.	Name: Phone Number: () -			<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> other (explain) Name: Address: Phone: () -
10.	Name: Phone Number: () -			<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> other (explain) Name: Address: Phone: () -

4. EMPLOYMENT EXPERIENCE

Starting with your most *recent* experience, list all employment, unemployment, U.S. military service, etc. within the last 10 years (check all boxes that apply for each position). List all jobs and positions (paid or volunteer*) regardless of the length of time. All time periods must be accounted for—leave NO gaps. *For volunteer experience: Indicate the actual time (number of hours/day, number of hours/week) spent volunteering.

Would there be any problem contacting your present employer during the course of this background investigation?* If "Yes", please explain:

☐ YES ☐ NO

*Note: If you mark "Yes", your present employer will still be contacted; however, contact will occur near the conclusion of your background investigation.

FROM -Month- Month	Year	TO -Month- Month	Year	SALARY
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> UNEMPLOYED	COMPANY NAME		Telephone number () -	Business hours
	COMPANY'S MAILING ADDRESS (STREET, CITY, COUNTY, STATE AND ZIP CODE)			
	JOB TITLE		REASON FOR LEAVING	
	JOB DUTIES (LIST THE PRIMARY DUTIES PERFORMED)			
HRS. PER WEEK: _____	SUPERVISOR'S NAME		Telephone number () -	Normal Work Hours
ADDRESS				

FROM -Month- Month	Year	TO -Month- Month	Year	SALARY
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> UNEMPLOYED	COMPANY NAME		Telephone number () -	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	COMPANY'S MAILING ADDRESS (STREET, CITY, COUNTY, STATE AND ZIP CODE)			
	JOB TITLE		REASON FOR LEAVING	
	JOB DUTIES (LIST THE PRIMARY DUTIES PERFORMED)			
HRS. PER WEEK: _____	SUPERVISOR'S NAME		Telephone number () -	HRS. PER WEEK:
ADDRESS				

EXPERIENCE (Continued)

FROM -Month- Month	Year	TO -Month- Month	Year	SALARY
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> UNEMPLOYED	COMPANY NAME		Telephone number () -	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	COMPANY'S MAILING ADDRESS (STREET, CITY, COUNTY, STATE AND ZIP CODE)			
	JOB TITLE	REASON FOR LEAVING		
	JOB DUTIES (LIST THE PRIMARY DUTIES PERFORMED)			
	SUPERVISOR'S NAME		Telephone number () -	HRS. PER WEEK:
HRS. PER WEEK: _____	ADDRESS			

FROM -Month- Month	Year	TO -Month- Month	Year	SALARY
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> UNEMPLOYED	COMPANY NAME		Telephone number () -	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	COMPANY'S MAILING ADDRESS (STREET, CITY, COUNTY, STATE AND ZIP CODE)			
	JOB TITLE	REASON FOR LEAVING		
	JOB DUTIES (LIST THE PRIMARY DUTIES PERFORMED)			
	SUPERVISOR'S NAME		Telephone number () -	HRS. PER WEEK:
HRS. PER WEEK: _____	ADDRESS			

FROM -Month- Month	Year	TO -Month- Month	Year	SALARY
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> UNEMPLOYED	COMPANY NAME		Telephone number () -	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	COMPANY'S MAILING ADDRESS (STREET, CITY, COUNTY, STATE AND ZIP CODE)			
	JOB TITLE	REASON FOR LEAVING		
	JOB DUTIES (LIST THE PRIMARY DUTIES PERFORMED)			
	SUPERVISOR'S NAME		Telephone number () -	HRS. PER WEEK:
HRS. PER WEEK: _____	ADDRESS			

EXPERIENCE (Continued)

FROM -Month- Month	Year	TO -Month- Month	Year	SALARY	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> UNEMPLOYED	COMPANY NAME			Telephone number () -	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	COMPANY'S MAILING ADDRESS (STREET, CITY, COUNTY, STATE AND ZIP CODE)				
	JOB TITLE		REASON FOR LEAVING		
	JOB DUTIES (LIST THE PRIMARY DUTIES PERFORMED)				
	SUPERVISOR'S NAME			Telephone number () -	HRS. PER WEEK:
HRS. PER WEEK: _____	ADDRESS				

FROM -Month- Month	Year	TO -Month- Month	Year	SALARY	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> UNEMPLOYED	COMPANY NAME			Telephone number () -	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	COMPANY'S MAILING ADDRESS (STREET, CITY, COUNTY, STATE AND ZIP CODE)				
	JOB TITLE		REASON FOR LEAVING		
	JOB DUTIES (LIST THE PRIMARY DUTIES PERFORMED)				
	SUPERVISOR'S NAME			Telephone number () -	HRS. PER WEEK:
HRS. PER WEEK: _____	ADDRESS				

FROM -Month- Month	Year	TO -Month- Month	Year	SALARY	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> UNEMPLOYED	COMPANY NAME			Telephone number () -	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	COMPANY'S MAILING ADDRESS (STREET, CITY, COUNTY, STATE AND ZIP CODE)				
	JOB TITLE		REASON FOR LEAVING		
	JOB DUTIES (LIST THE PRIMARY DUTIES PERFORMED)				
	SUPERVISOR'S NAME			Telephone number () -	HRS. PER WEEK:
HRS. PER WEEK: _____	ADDRESS				

EXPERIENCE (Continued)

FROM -Month- Month	Year	TO -Month- Month	Year	SALARY
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> UNEMPLOYED	COMPANY NAME		Telephone number () -	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	COMPANY'S MAILING ADDRESS (STREET, CITY, COUNTY, STATE AND ZIP CODE)			
	JOB TITLE	REASON FOR LEAVING		
	JOB DUTIES (LIST THE PRIMARY DUTIES PERFORMED)			
	SUPERVISOR'S NAME		Telephone number () -	HRS. PER WEEK:
HRS. PER WEEK: _____	ADDRESS			

FROM -Month- Month	Year	TO -Month- Month	Year	SALARY
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> UNEMPLOYED	COMPANY NAME		Telephone number () -	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	COMPANY'S MAILING ADDRESS (STREET, CITY, COUNTY, STATE AND ZIP CODE)			
	JOB TITLE	REASON FOR LEAVING		
	JOB DUTIES (LIST THE PRIMARY DUTIES PERFORMED)			
	SUPERVISOR'S NAME		Telephone number () -	HRS. PER WEEK:
HRS. PER WEEK: _____	ADDRESS			

FROM -Month- Month	Year	TO -Month- Month	Year	SALARY
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> UNEMPLOYED	COMPANY NAME		Telephone number () -	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	COMPANY'S MAILING ADDRESS (STREET, CITY, COUNTY, STATE AND ZIP CODE)			
	JOB TITLE	REASON FOR LEAVING		
	JOB DUTIES (LIST THE PRIMARY DUTIES PERFORMED)			
	SUPERVISOR'S NAME		Telephone number () -	HRS. PER WEEK:
HRS. PER WEEK: _____	ADDRESS			

5. EMPLOYMENT

If you have no prior employment, or were unemployed for a period of time, please explain how you supported yourself.

- A. Have you ever been suspended, fired, or asked to resign from any employment? If "Yes", give the name of the employer(s), date(s), and explain the circumstances. ☐ YES ☐ NO
- B. Have you ever been rejected during the probationary period from any employment? If "Yes", give the name of the employer(s), date(s), and explain the circumstances. ☐ YES ☐ NO
- C. Have you ever resigned from any position or employment under pressure or unfavorable circumstances? If "Yes", give the name of the employer(s), date(s), and explain the circumstances. ☐ YES ☐ NO
- D. Have you ever been the recipient of a formal disciplinary action (suspension, reduction in pay, demotion, written reprimand, etc.)? If "Yes", give the name of the employer(s), date(s), and explain the circumstances. ☐ YES ☐ NO
- E. Have you ever had any extended work absences for reasons other than earned vacations (e.g., disability leave, maternity leave, etc.)? If "Yes", give the name of the employer(s), date(s), and explain the circumstances. ☐ YES ☐ NO
- F. Have you ever been or are you currently under investigation by your employer or supervisor for improper conduct, illegal activities, sexual harassment or equal employment opportunity violations? If "Yes", give the name of the employer(s), date(s), and explain the circumstances. ☐ YES ☐ NO
- G. Have you ever been in a physical altercation with a co-worker, supervisor, or customer/client? If "Yes", give the name of the employer(s), date(s), and explain the circumstances. ☐ YES ☐ NO
- H. Are you presently or have you previously been employed as a peace officer, reserve officer, or military police officer? If you answer "YES", you must answer questions I through N. ☐ YES ☐ NO
- I. As a peace officer, have you ever accepted a gratuity? If "Yes", explain. ☐ YES ☐ NO
- J. As a peace officer, have you ever accepted any form of compensation, either financial, personal or otherwise in exchange for overlooking a violation? If "Yes", explain. ☐ YES ☐ NO
- K. As a peace officer, have you ever made a false report? If "Yes", explain. ☐ YES ☐ NO
- L. As a peace officer, have you ever lied under oath? If "Yes", explain. ☐ YES ☐ NO
- M. As a peace officer, have you ever withheld evidence seized in the course of your official duties? If "Yes", explain. ☐ YES ☐ NO
- N. As a peace officer, have you ever been the subject of an internal affairs investigation? If "Yes", explain. ☐ YES ☐ NO

EMPLOYMENT (Continued)**BACKGROUND INVESTIGATIONS / PEACE OFFICER APPLICATIONS**

Have you ever applied for any position requiring a background investigation (including government agencies, private employers, volunteer service, or any prior application with the California Department of Corrections and Rehabilitation)? If "Yes", please list the information below starting with the most recent application. ☐ YES ☐ NO

Name/Agency and complete address including zip code		Date applied
Name: Address:		
Position applied for	<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took Written Test <input type="checkbox"/> Took Physical Abilities Test	<input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation Conducted <input type="checkbox"/> Disqualified. If so, list reason.
<input type="checkbox"/> Hired or received job offer <input type="checkbox"/> Hiring eligibility expired		
What was your Background Investigator's name and phone number?		

Name/Agency and complete address including zip code		Date applied
Name: Address:		
Position applied for	<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took Written Test <input type="checkbox"/> Took Physical Abilities Test	<input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation Conducted <input type="checkbox"/> Disqualified. If so, list reason.
<input type="checkbox"/> Hired or received job offer <input type="checkbox"/> Hiring eligibility expired		
What was your Background Investigator's name and phone number?		

Name/Agency and complete address including zip code		Date applied
Name: Address:		
Position applied for	<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took Written Test <input type="checkbox"/> Took Physical Abilities Test	<input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation Conducted <input type="checkbox"/> Disqualified. If so, list reason.
<input type="checkbox"/> Hired or received job offer <input type="checkbox"/> Hiring eligibility expired		
What was your Background Investigator's name and phone number?		

EMPLOYMENT (Continued)

Name/Agency and complete address including zip code		Date applied
Name: Address:		
Position applied for	<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took Written Test <input type="checkbox"/> Took Physical Abilities Test	<input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation Conducted <input type="checkbox"/> Disqualified. If so, list reason. <input type="checkbox"/> Hired or received job offer <input type="checkbox"/> Hiring eligibility expired
What was your Background Investigator's name and phone number?		

Name/Agency and complete address including zip code		Date applied
Name: Address:		
Position applied for	<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took Written Test <input type="checkbox"/> Took Physical Abilities Test	<input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation Conducted <input type="checkbox"/> Disqualified. If so, list reason. <input type="checkbox"/> Hired or received job offer <input type="checkbox"/> Hiring eligibility expired
What was your Background Investigator's name and phone number?		

Name/Agency and complete address including zip code		Date applied
Name: Address:		
Position applied for	<input type="checkbox"/> Submitted application only <input type="checkbox"/> Took Written Test <input type="checkbox"/> Took Physical Abilities Test	<input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation Conducted <input type="checkbox"/> Disqualified. If so, list reason. <input type="checkbox"/> Hired or received job offer <input type="checkbox"/> Hiring eligibility expired
What was your Background Investigator's name and phone number?		

6. MILITARY INFORMATION

- A. Federal law requires that all male U.S. citizens and immigrant aliens born on or after January 1, 1960 and residing in the U.S. and its territories must register between the ages of 18 through 25 with the Selective Service System (also known as the "draft registration law"). Have you complied with the Selective Service System registration requirement? If "Yes", please write your Selective Service Number in the space provided. If "No", please explain. You can obtain your Selective Service Number by calling 1-847-688-6888. ☐ YES ☐ NO

Selective Service
Number:

MILITARY INFORMATION (Continued)

B. Have you ever served in the U.S. Armed Forces, National Guard, or Military Reserves? ☐ YES ☐ NO

If "Yes", what is your current status in the military? ☐ Active ☐ Reserves ☐ Inactive ☐ Discharged

If you have served in the U.S. Armed Forces, National Guard, or Military Reserves, list each enlistment below

Date of Enlistment	Branch of Service -Branch-	Unit(s) (Medical Corps, Military Police, Infantry, Armor)	Serial Number
Discharge Date	Rank/Rate (Sgt.-E.5)	MOS/Duties (Medic, Police Officer, Communication Specialist, Mechanic)	Type of Discharge
Date of Enlistment	Branch of Service -Branch-	Unit(s) (Medical Corps, Military Police, Infantry, Armor)	Serial Number
Discharge Date	Rank/Rate (Sgt.-E.5)	MOS/Duties (Medic, Police Officer, Communication Specialist, Mechanic)	Type of Discharge

C. Starting with the most recent, list all duty stations (include basic training, tours, overseas, etc.) while in the military.

Month and Year	Location	Approximate Length of Your Tour	Duties/Purpose

D. Have you ever been arrested, cited, detained, or booked by military or civilian authorities while in the military? If "Yes", provide the date of each occurrence and explain the circumstances. ☐ YES ☐ NO

E. Were you ever investigated for any criminal activity while in the military or military reserves? If "Yes", provide the date of each occurrence and explain the circumstances. ☐ YES ☐ NO

F. Have you ever been the recipient of any judicial or non-judicial disciplinary action (Article 15, Captain's Mast, Office Hours, Company Punishment, etc.) while in the military? If "Yes", provide the date of each occurrence and explain the circumstances. ☐ YES ☐ NO

G. Have you ever received a military court martial? If "Yes", provide the date of each occurrence and explain the circumstances. ☐ YES ☐ NO

MILITARY INFORMATION (Continued)

H. Did you receive an honorable discharge? ☐ YES ☐ NO

I. Did you receive an initial discharge under other than full honorable conditions (e.g., General, General Under Honorable Conditions, Undesirable, Bad Conduct, Dishonorable, Medical, Administrative, "For the Good of the Service", "Section Eight", or a discharge *in lieu* of a court martial or other disciplinary proceeding?) If "Yes", provide details. ☐ YES ☐ NO

J. Have you ever applied for the U.S. Armed Forces but were not accepted? If "Yes", explain. ☐ YES ☐ NO

K. Have you ever been denied re-enlistment in the military? If "Yes", explain. ☐ YES ☐ NO

L. Have you ever been reduced in rank or grade, including suspended sentences? If "Yes", explain below. ☐ YES ☐ NO

Approximate Date	Violation	Penalty

7. LEGAL

A. Have you ever been convicted of a felony? If "Yes", provide the date of each occurrence and explain the circumstances. ☐ YES ☐ NO

B. Have you ever been convicted of a misdemeanor? If "Yes", complete the following. ☐ YES ☐ NO

Date	Location (City and State)	Original Charge	Final Charge (If amended or reduced)	Disposition

LEGAL (continued)

- C. Do you have any active felony or misdemeanor warrants for your arrest? If "Yes", explain. ☐ YES ☐ NO
-
- D. Are you *currently* pending criminal prosecution for any felony or misdemeanor crime? If "Yes", explain. ☐ YES ☐ NO
-
- E. Are you *currently* on formal, informal, summary, or court probation? If "Yes", explain. ☐ YES ☐ NO
-
- F. Have you ever been placed on formal, informal, summary, or court probation? If "Yes", provide the date of each occurrence and explain the circumstances. ☐ YES ☐ NO
-
- G. Have you ever had any convictions for driving under the influence of alcohol or drugs, including offenses that were reduced to "wet" reckless driving? If "Yes", explain. ☐ YES ☐ NO
-
- H. Have you ever been required to register as a sex, narcotic, or arson offender? If "Yes", explain. ☐ YES ☐ NO
-
- I. Have you been placed in any court ordered diversion program for child abuse, spousal abuse, a controlled substance/narcotic/drug violation, or any other criminal prosecution? If "Yes", explain in this box and answer Question J. ☐ YES ☐ NO
-
- J. Were you successful in the court ordered diversion program for child abuse, spousal abuse, a controlled substance/narcotic/drug violation, or any other criminal prosecution? If "No", explain. ☐ YES ☐ NO
☐ N/A
-
- K. Have you ever failed to appear/pay for any arrests/citations or violated the terms of any court order or judgment, including probation, restraining order, fine, etc.? If "Yes", explain. ☐ YES ☐ NO
-
- L. Are there currently any restraining orders against you (including those incorporated in divorce decrees)? If "Yes", explain. ☐ YES ☐ NO
-
- M. Are you legally prohibited from possessing a firearm? If "Yes", explain. ☐ YES ☐ NO
-
- N. Have you ever carried an illegal weapon (such as a dagger, billy club, metal knuckles, nunchaku, throwing star, sap, short-barreled shotgun/rifle, butterfly knife, explosive device, etc.)? If "Yes", explain. ☐ YES ☐ NO
-
- O. Have you ever committed any "hate crime" against an individual or group based on sex, race, ethnicity, religion, sexual orientation, or disability? If "Yes", explain. ☐ YES ☐ NO
-
- P. Either as an adult or juvenile, have you ever been arrested or booked by any law enforcement agency or the military police for a misdemeanor or felony crime? If "Yes", explain. ☐ YES ☐ NO
-

LEGAL (continued)

Q. Either as an adult or juvenile, have you ever been questioned for investigation, held on suspicion, cited, detained or fingerprinted for a misdemeanor or felony crime by any law enforcement agency or the military police? If "Yes", explain. ☐ YES ☐ NO

R. Were you ever required to appear before a juvenile court for an act, which would have been a crime if committed by an adult? If "Yes", explain. ☐ YES ☐ NO

S. Have you ever filed a false or fraudulent claim for public assistance, medical benefits, unemployment insurance, disability, welfare, food stamps, insurance, or other financial benefits or assistance? If "Yes", explain. ☐ YES ☐ NO

T. Other than in U.S. military warfare, have you ever caused serious injury or death to any person? If "Yes", explain. ☐ YES ☐ NO

U. Other than in U.S. military warfare, have you ever used a weapon against any person? If "Yes", explain. ☐ YES ☐ NO

V. Are you now or have you ever been a plaintiff, defendant, petitioner, or respondent in any civil court action other than divorce? If "Yes", include date, location and circumstances in your explanation. ☐ YES ☐ NO

8. DRUG ACTIVITY

A. Have you ever used, thought you were using, tasted, sniffed, smoked, ingested, inhaled, injected, swallowed, attempted to use or experimented with, possessed, sold, offered for sale, transferred, transported, or engaged in any other illegal activity with any drugs or substance such as, but not limited to, marijuana, "crack cocaine", speed, PCP, cocaine, meth, heroin, mescaline, LSD, mushrooms, hashish, opiates, barbiturates, amphetamines, hallucinogenics, steroids, designer drugs, peyote, morphine, any other illegal substance other than those drugs prescribed by your physician or illegal use of prescribed drugs? If "Yes", complete area below. List all drugs and/or substances. Be as specific as possible. ☐ YES ☐ NO

Name of substance or drug	Date first used	Date last used	Estimated use during last two years
What was your approximate age when you first used this substance?	What was your approximate age when you last used?		Estimated use during your lifetime
Name of substance or drug	Date first used	Date last used	Estimated use during last two years
What was your approximate age when you first used this substance?	What was your approximate age when you last used?		Estimated use during your lifetime
Name of substance or drug	Date first used	Date last used	Estimated use during last two years
What was your approximate age when you first used this substance?	What was your approximate age when you last used?		Estimated use during your lifetime

DRUG ACTIVITY (continued)

Name of substance or drug	Date first used	Date last used	Estimated use during last two years
What was your approximate age when you first used this substance?	What was your approximate age when you last used?		Estimated use during your lifetime
Name of substance or drug	Date first used	Date last used	Estimated use during last two years
What was your approximate age when you first used this substance?	What was your approximate age when you last used?		Estimated use during your lifetime
Name of substance or drug	Date first used	Date last used	Estimated use during last two years
What was your approximate age when you first used this substance?	What was your approximate age when you last used?		Estimated use during your lifetime

DRUG ACTIVITY (continued)

B. ***Have you ever injected any illegal drugs or substance?*** If "Yes", complete below. List all ☐ YES ☐ NO drugs and/or substances. Be as specific as possible.

Name of substance or drug injected	Date first used	Date last used
What was your approximate age when you first used this substance?	What was your approximate age when you last used?	Estimated use during your lifetime
Name of substance or drug injected	Date first used	Date last used
What was your approximate age when you first used this substance?	What was your approximate age when you last used?	Estimated use during your lifetime

C. Have you ever operated a motor vehicle or heavy equipment while under the influence of an alcoholic beverage or controlled substance? If "Yes", explain. ☐ YES ☐ NO

D. Have you ever worked while under the influence of illegal drugs or alcohol? If "Yes", explain. ☐ YES ☐ NO

E. Have you ever been present when drugs were being illegally used? If "Yes", explain. ☐ YES ☐ NO

9. FINANCIAL

A. Have your wages ever been garnished or attached for any reason? If "Yes", complete the following: ☐ YES ☐ NO

Date	Name of business	Address (City, state and zip code)	\$ Amount	Briefly describe the problem and how it was resolved.

B. Have you ever failed to file or been delinquent on any federal or state income tax, property tax, or other tax? ☐ YES ☐ NO
(Include the name of the agency, the amount, and a description of the problem and how it was resolved.)

C. Have you ever violated the terms of any court order or judgment to pay child support, spousal support, restitution, a fine for services rendered, or any other financial mandate, obligation or settlement? If "Yes", explain. ☐ YES ☐ NO

FINANCIAL (continued)

D. Have you ever failed to pay or are you currently in arrears or delinquent in payment of child support? If "Yes", explain. ☐ YES ☐ NO

E. Have you ever defaulted or are you delinquent in payment on any student loan? If "Yes", explain. ☐ YES ☐ NO

10. MOTOR VEHICLE INFORMATION

California State Law requires every person who owns or operates a motor vehicle be covered by motor vehicle liability insurance or deposit a bond in the amount of \$35,000 with the California Department of Motor Vehicles.

A. I own a motor vehicle ☐ YES ☐ NO

MOTOR VEHICLE INFORMATION (continued)

B. I have motor vehicle liability insurance. If "Yes", answer the following: ☐ DNA – I don't own a car. ☐ YES ☐ NO

Name of Insurance Company	Mailing Address		
Name of Insurance Agent	City	State	Zip Code
Telephone Number () -	Policy Number:		Expiration Date:

C. I have deposited a \$35,000 bond with the California Department of Motor Vehicles. ☐ N/A ☐ YES ☐ NO

D. I operate a motor vehicle owned by someone else. If "Yes", answer the following: ☐ N/A ☐ YES ☐ NO

Name of the owner of the vehicle: _____

Address: _____

In what capacity do you operate this vehicle? (Business, personal, etc.) Please explain: _____

DRIVER LICENSE(S)

List below all motor vehicle operator licenses you have been issued. Include all other states in which you received a driver license.

State Issuing License	Date Issued	Expiration Date	License Number	Is license currently valid?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

E. Has your driver license ever been suspended, revoked, or placed on any form of probation? If "Yes", provide dates and explain the circumstances. ☐ YES ☐ NO

F. Has your driver license ever been restricted for any reason or have you received a warning notice from the State? If "Yes", explain. ☐ YES ☐ NO

G. Have you had a citation or ticket result in a warrant (Failure to Appear [FTA] for parking, registration, equipment, moving violation, etc.)? If "Yes", explain. ☐ YES ☐ NO

H. Have you ever been denied a driver license? If "Yes", explain. ☐ YES ☐ NO

I. Have you ever fled the scene of an accident? If "Yes", explain. ☐ YES ☐ NO

MOTOR VEHICLE INFORMATION (continued)

List all citations received within the last 7 years for any motor vehicle violation(s) in the space below.

	Place and Date of Citation		Describe specific charge at time of original citation <i>(Examples: speeding, drunk driving, etc.) Do not just give code section.</i>	If original charge was modified, give charge for which convicted <i>(Examples: drunk driving reduced to reckless driving, etc.)</i>	Disposition <i>(Guilty, not guilty, dismissed, etc.)</i>	If guilty, indicate the Length of probation and/or amount of fine
	Month and Year	City / State				
1						
2						
3						
4						
5						
6						
7						

ACCIDENTSHave you been the driver in a motor vehicle accident within the past 7 years? If "Yes", list details for ☐ YES ☐ NO each accident in the space provided below.

Date:	Location:	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury Were you cited? <input type="checkbox"/> YES <input type="checkbox"/> NO
Police Investigation: <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Agency:	
<hr/>		
Date:	Location:	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury Were you cited? <input type="checkbox"/> YES <input type="checkbox"/> NO
Police Investigation: <input type="checkbox"/> YES <input type="checkbox"/> NO	Police Agency:	

11. ADDITIONAL INFORMATION

- A. Have you in the past resided with or are you currently residing with an adult or juvenile parolee of the California Department of Corrections and Rehabilitation? If "Yes", enter information below. ☐ YES ☐ NO
- B. Have you in the past or present visited or corresponded with an inmate or ward in the California Department of Corrections and Rehabilitation? If "Yes", enter information below. ☐ YES ☐ NO
- C. Do you have any relatives, friends, or acquaintances who have been committed to any state or federal prison at any time? If "Yes", enter information below. ☐ YES ☐ NO
- D. Have you, any relative, or friend ever been the victim of a violent crime for which the offender was or is currently an inmate in the California Department of Corrections and Rehabilitation? If "Yes", enter information below. ☐ YES ☐ NO
- E. Have you ever testified against any person who was committed to a state or federal prison? If "Yes", enter information below. ☐ YES ☐ NO

If "Yes" to any of the above, complete the following and specify the type of relationship you have with the individual:

Name of Parolee or Inmate	Date of Birth	Prison Number	Relationship to you	Name of State Prison Where Individual is Incarcerated or Parole Office if Individual is on parole	Dates	
					From	To

- F. Have you ever been a member of or associated with a street or prison gang? If "Yes", explain. ☐ YES ☐ NO
- G. Has anyone in your family ever been a member of or associated with a street or prison gang? If "Yes", explain. ☐ YES ☐ NO
- H. Have you ever attended a gathering of a street or prison gang? If "Yes", explain. ☐ YES ☐ NO
- I. Have you ever participated in any street or prison gang activity? If "Yes", explain. ☐ YES ☐ NO
- J. Have you ever engaged in any illegal activity with a street or prison gang? If "Yes", explain. ☐ YES ☐ NO
- K. Do you advocate or are you a member of any party or organization, political or otherwise, that advocates the overthrow of the Government of the United States or the State of California by force or violence or other unlawful means? If "Yes", list the name of the organization or party of which you are a member in the space provided below. ☐ YES ☐ NO

ADDITIONAL INFORMATION (continued)

L. Have you ever been a member of any party or organization, political or otherwise, that advocated the overthrow of the Government of the United States or the State of California by force or violence or other unlawful means? If "Yes", list the name of the organization or party of which you were a member in the space provided below. ☐ YES ☐ NO

M. Have you ever refused to take an oath to support the Constitution of the United States and/or the Constitution of the State of California? If "Yes", explain. ☐ YES ☐ NO

N. Are you willing to take an oath to support the Constitution of the United States and the Constitution of the State of California? If "No", explain. ☐ YES ☐ NO

12. USE OF REASONABLE FORCE

A. If the necessity arose in the course of your employment as a peace officer to shoot at a human being, would you refuse or delay to do so by reason of personal, political, religious, or other beliefs? ☐ YES ☐ NO

B. If the necessity arose in the course of your employment as a peace officer to inflict serious injury on another human being, would you refuse or delay to do so by reason of personal, political, religious or other beliefs? ☐ YES ☐ NO

SUPPLEMENTAL PAGE

Use this page to provide any additional information. Attach additional sheets of lined paper if necessary. Be sure to note the section, question and page number when providing additional information (for example: Legal, G, p. 15).

[illegible]

SUPPLEMENTAL PAGE (continued)

[illegible]

PENALTY AND CERTIFICATION INFORMATION – Read & sign when completing this document.**PENALTY**

Any falsification, withholding, or failure to answer all questions completely and accurately, or failure to contact my Background Investigator with any new and updated information may cause forfeiture of all rights to employment with the California Department of Corrections and Rehabilitation.

CERTIFICATION

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct and that I understand it is my responsibility to contact my Background Investigator with any new or updated information (changes in employment, arrest, etc.)

SIGNATURE OF APPLICANT (SIGN IN INK)

DATE

READ & SIGN IN THE PRESENCE OF BACKGROUND INVESTIGATOR(S) WHEN PRESCREENED**PENALTY**

Any falsification, withholding, or failure to answer all questions completely and accurately, or failure to contact my Background Investigator with any new and updated information may cause forfeiture of all rights to employment with the California Department of Corrections and Rehabilitation.

CERTIFICATION

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct and that I understand it is my responsibility to contact my Background Investigator with any new or updated information (changes in employment, arrest, etc.)

SIGNATURE OF APPLICANT (SIGN IN INK)

DATE

SIGNATURE OF PRESCREENER (SIGN IN INK)

DATE

READ & SIGN IN THE PRESENCE OF BACKGROUND INVESTIGATOR(S) WHEN INTERVIEWED**PENALTY**

Any falsification, withholding, or failure to answer all questions completely and accurately, or failure to contact my Background Investigator with any new and updated information may cause forfeiture of all rights to employment with the California Department of Corrections and Rehabilitation.

CERTIFICATION

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct and that I understand it is my responsibility to contact my Background Investigator with any new or updated information (changes in employment, arrest, etc.)

SIGNATURE OF APPLICANT (SIGN IN INK)

DATE

SIGNATURE OF INVESTIGATOR (SIGN IN INK)

DATE

STATE OF CALIFORNIA**DEPARTMENT OF CORRECTIONS AND REHABILITATION
MILITARY RELEASE****AUTHORIZATION FOR RELEASE OF MILITARY AND MEDICAL INFORMATION****PLEASE SEND COMPLETE STATEMENT OF SERVICE**

T O	Military Personnel Records Center - GSA 9700 Page Boulevard St. Louis, Missouri 63132	DATE	SOCIAL SECURITY NUMBER - -
		NAME OF APPLICANT (PRINTED)	

As an applicant for a position with the California Department of Corrections and Rehabilitation, I am required to furnish information for use in determining my moral, and physical qualifications. I authorize the release of a complete statement of my military service from my military and related medical records, including any and all judicial and non-judicial punishment.

BRANCH OF SERVICE -BRANCH	SERVICE NUMBER	DATE LAST SEPARATED FROM ACTIVE SERVICE
PRESENT MILITARY STATUS <input type="checkbox"/> NONE <input type="checkbox"/> AIR FORCE RESERVE <input type="checkbox"/> ARMY RESERVE <input type="checkbox"/> MARINE CORPS RESERVE <input type="checkbox"/> NAVAL RESERVE		PRESENT HOME ADDRESS
FURNISH INFORMATION TO (Investigator will complete this area) California Department of Corrections & Rehabilitation		APPLICANT FOR POSITION OF <input checked="" type="checkbox"/> PEACE OFFICER <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE

I authorize the National Personnel Records Center, St. Louis, MO or other custodian of my military records to release to the California Department of Corrections and Rehabilitation, Background Investigation Unit, information or photocopies from my military personnel and related material records, including the following information/records: Article 15 information, letters of reprimand, or any other disciplinary actions taken and any information related to drug or alcohol abuse. This could also include an undeleted photocopy of my DD Form 214, Report of Separation.

SIGNATURE

DATE**TO BE COMPLETED BY THE RECORDS OFFICE**

DATE OF ENTRY	DATE SEPARATED	REASON FOR SEPARATION	CHARACTER OF SERVICE

DISCIPLINARY DATE, IF ANY

☐ NONE ☐ SEE REMARKS ☐ REPORTS ATTACHED

PHYSICAL CONDITION AT TIME OF SEPARATION

☐ REPORT ON SEPARATION PHYSICAL ATTACHED

REMARKS:

☐ CONTINUED ON THE REVERSE SIDE

RELEASING OFFICER	RELEASED BY (SIGNATURE)	DATE RELEASED
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U.S. Department of Justice

Immigration and Naturalization Service

OMB No. 1115-0136

Employment Eligibility Verification

INSTRUCTIONS

FOR THE PURPOSE OF COMPLETING THIS PERSONAL HISTORY STATEMENT, YOU NEED TO COMPLETE SECTION 1 ONLY OF THE EMPLOYMENT ELIGIBILITY VERIFICATION (I-9) FORM. THE INSTRUCTIONS BELOW ARE REQUIRED BY THE UNITED STATES DEPARTMENT OF JUSTICE TO BE MADE AVAILABLE TO ALL INDIVIDUALS COMPLETING THIS FORM. THOROUGHLY READ THE INSTRUCTIONS UNDER SECTION 1. THE REMAINING INSTRUCTIONS ARE FOR INFORMATIONAL PURPOSES.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 – Prospective Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. However, employers are still responsible for completing the I-9.

Section 3 – Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and: examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C), record the document title, document number and expiration date (if any) in Block C, and complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced provided both sides are copied. The instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the INS Handbook for Employers, (Form M0274). You may obtain the handbook at your local INS office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 U.S.C. 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor, and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggesting for making this form simpler, you can write to both the Immigration and Naturalization Service, 425 I Street, N.W., Room 5304, Washington, D.C. 20536; and the Office of Management and Budget, Paperwork Reduction Project, OMB No. 1115-0136, Washington, D.C. 20503.

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

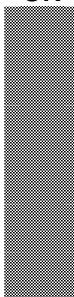
Section 1. Prospective Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security # - -
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A <input type="checkbox"/> An alien authorized to work until (Alien # or Admission #	
Prospective Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/date/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing Authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____				

CERTIFICATION – I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)		

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable)		B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document # _____	Expiration Date (if any): ____/____/____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship (*INS Form N-560 or N-561*)
3. Certificate of Naturalization (*INS Form N-550 or N-570*)
4. Unexpired foreign passport, with *I-551 stamp* or attached *INS Form I-94* indicating unexpired employment authorization
5. Alien Registration Receipt Card with photograph (*INS Form I-151 or I 551*)
6. Unexpired Temporary Resident Card (*INS Form I-668*)
7. Unexpired Employment Authorization Card (*INS Form I-688A*)
8. Unexpired Reentry Permit (*INS Form I-327*)
9. Unexpired Refugee Travel Document (*INS Form I-571*)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (*INS Form I-688B*)

OR

LIST B Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
 2. ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
 3. School ID card with a photograph
 4. Voter's registration card
 5. U.S. Military card or draft record
 6. Military dependent's ID card
 7. U.S. Coast Guard Merchant Mariner Card
 8. Native American tribal document
 9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above:
10. School record or report card
 11. Clinic, doctor, or hospital record
 12. Day-care or nursery school record

AND

LIST C Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (*other than a card stating it is not valid for employment*)
2. Certification of Birth Abroad issued by the Department of State (*Form FS-545 or Form DS-1350*)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United State bearing an official seal
4. Native American tribal document
5. U.S Citizen ID Card (*INS Form I-197*)
6. ID Card for use of Resident Citizen in the United States (*INS Form I-179*)
7. Unexpired employment authorization document issued by the INS (*other than those listed under List A*)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

PAST EMPLOYMENT INQUIRIES

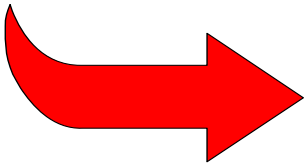
INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION TO RELEASE INFORMATION FORMS

As part of the selection process for this peace officer position, you will undergo a background investigation as required by law. This investigation includes a review of your employment history, including inquiries to previous employers and co-workers.

California Government Code Section 1031.1 specifies, in part, that:

“When performing a thorough background investigation for applicants not currently employed as peace officers, an employer shall disclose employment information relating to a current or former employee, upon the request of a law enforcement agency, if all of the following conditions are met:

- 1) The request is made in writing.
- 2) The request is accompanied by a notarized authorization by the applicant releasing the employer of liability.
- 3) The request and authorization are presented to the employer by a sworn officer or authorized representative of the employing law enforcement agency.



READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING ANY OF THE FOLLOWING FORMS

As a result of the above, peace officer candidates are required to have two “Authorization to Release information” forms notarized prior to commencement of the background investigation. To comply with this requirement, you must complete the following steps:

- 1. Print your FULL NAME and COMPLETE ADDRESS in the space provided on the two Authorization to Release Information forms. DO NOT sign or date.**
- 2. Take this instruction sheet with the two unsigned and undated Authorization to Release Information forms to any Notary Public.**
- 3. In the presence of the Notary Public, sign and date the forms and have them notarized. The Notary Public may charge you a fee not to exceed \$10.00 for each form. This fee WILL NOT be reimbursed by the California Department of Corrections and Rehabilitation.**
- 4. After having the Authorization to Release Information forms notarized, bring them to the selection center to which you have been assigned.**

THERE MAY BE A NEED FOR MORE THAN TWO NOTARIZED AUTHORIZATION TO RELEASE INFORMATION FORMS. IF THIS OCCURS, YOU WILL BE DIRECTED BY YOUR BACKGROUND INVESTIGATOR TO PROVIDE THE ADDITIONAL FORMS.

AUTHORIZATION TO RELEASE INFORMATION

I HEREBY DIRECT YOU TO RELEASE THE INFORMATION DESCRIBED ON THE REVERSE OF THIS FORM UPON REQUEST OF THE BEARER. THIS RELEASE IS EXECUTED WITH FULL KNOWLEDGE AND UNDERSTANDING THAT THE INFORMATION IS FOR THE OFFICIAL USE OF THE CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION.

A PHOTOCOPY OF THIS RELEASE FORM WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

I UNDERSTAND THAT I HAVE THE RIGHT TO RECEIVE A COPY OF THIS AUTHORIZATION AND ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF IT. (ADDITIONAL INFORMATION ON REVERSE OF THIS FORM.)

SIGNATURE	DATE
FULL NAME (PLEASE PRINT)	SOCIAL SECURITY NUMBER
CURRENT ADDRESS	(IN ACCORDANCE WITH THE FEDERAL PRIVACY ACT OF 1974, DISCLOSURE OF THE S.S.N. IS VOLUNTARY. THE S.S.N. WILL BE USED ONLY FOR IDENTIFICATION PURPOSES TO ENSURE THAT THE PROPER RECORDS ARE OBTAINED.)

NOTE TO EMPLOYERS: California Government Code Section 1031.1 specifies, in part, that:

When performing a background investigation for applicants not currently employed as peace officers, an employer shall disclose employment information relating to a current or former employee, upon the request of a law enforcement agency, if all of the following conditions are met: 1) The request is made in writing; 2) The request is accompanied by a notarized authorization by the applicant releasing the employer of liability; 3) The request and authorization are presented to the employer by a sworn officer or authorized representative of the employing law enforcement agency.

CDC 1902-A (01/07) – Front

THIS AREA RESERVED FOR NOTARY PUBLIC USE

CERTIFICATION OF ACKNOWLEDGEMENT

State of _____

County of _____
On _____

Before me, _____
DATE NAME, TITLE OF OFFICER – E.G. “JANE DOE, NOTARY PUBLIC”

Personally appeared _____
NAME(S) OF SIGNER(S)

☐ personally known to me

OR ☐

AREA FOR SEAL

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

SIGNATURE OF NOTARY

TO WHOM IT MAY CONCERN:

Having made application for employment with the California Department of Corrections and Rehabilitation and desiring it to be informed as to my previous record and character, I hereby authorize any authorized representative of the California Department of Corrections and Rehabilitation bearing this release, or a copy of it, within two years of its date, to obtain any information in your files pertaining to my employment, preemployment, military, arrest, conviction, driving, financial or education history, including but not limited to, academic achievement, attendance, athletic performance, personal history, performance reports, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary records, child support records, public assistance records, alimony records, State and Federal income tax records.

I also hereby authorize any authorized representative of the California Department of Corrections and Rehabilitation bearing this release or a copy of it, within two years of its date, to obtain any medical records or information in the files of my current or former employer(s) or any current or former physician(s), or both, if a statement of conditional job offer of employment is attached to this release.

Consent is granted for the California Department of Corrections and Rehabilitation to furnish the information described above to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any state or federal law enforcement, criminal justice, social service or tax collection agency, school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or other related personnel both individually and collectively from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me at the address provided with my signature.